

The Justice and Mental Health Program
Adult Subcommittee Meeting
June 19, 2007

In Attendance

Minutes

The meeting began with a welcome from Amy Hinton (AH). She provided an opportunity to update email information for the list serv and overview of the conference call regarding the grant in reference to the meeting agenda. The juvenile subcommittee's objectives and mission statement that we derived from the grant language was distributed to the group. Amy Hinton provides an overview of the mission statement on slides. The adult subcommittee agreed to minimally modify the mission statement of the juvenile subcommittee. The agreed that the mission statement should be "to reduce the number of adults with serious mental illness who enter or re-enter the criminal justice system by increasing community-based treatment options and resources for consumers and their families, and to ensure that appropriate follow-up options are available and accessible." The group then discussed the accessibility of services and development of strategic plans. The discussion shifted to services currently available for inmates with serious mental illness. For example, there is a co-occurring program at only one facility and the grant focus is outside the walls of the penal institutions. The group decided that survey research should be used to develop needs assessment and gap analysis to quantify the extent of the situation.

The group used the juvenile subcommittee objectives to develop the objectives of the adult subcommittee. The first matter discussed was the definition of serious mental illness and serious emotional disturbance. The Department of Mental Health and Mental Retardation (DMHMR) definition of serious mental illness (SMI) is based on a contract definition; however, the DOC definition is related to axis of functioning. A suggestion was made to use the DSM-IV definition for the purpose of this project. The definition may not qualify for the community mental health (CMH) boards. The CMHC has the flexibility to broaden its services outside of the definition that the contract (DMHMR) provides but that rarely occurs because of timeliness and resources.

A suggestion was made that the Department of Corrections (DOC) can provide data based on the seriously mentally ill population to assist with the gap analysis. Amy Hinton suggested developing a service access handbook for the justice system to decrease educational/knowledge gaps among leadership and court officials was stated. Contracted substance abuse providers (such as Lighthouse Counseling Center) can provide services within the jails. It was noted that HRDI also provides services from jail referrals for the State at its location in Wetumpka.

The group set goals for the survey questions. They decided that one task would be to broaden the definition of "correctional facility" beyond DOC to include city and

county jails, etc. Someone suggested tracking pre and post-medication. A link for the survey should be provided. The consumer survey should also have a place where recommendations for improvement from the family member can be provided.

Communication policies between state agencies should be provided (i.e., HIPAA boundaries, restrictions on communication). Continuity of care obstacles should be taken from staff perspective. This information should be put into a flow chart. The communication between agencies, family members and consumers should be improved. Current mental health satisfaction surveys should reflect some of this.

It was determined that DOC can be asked for a population query. If it were possible or legal – ***which it currently is not*** – to link inmate medical treatment records with CMHC client records by matching Social Security numbers, then inmates could easily be tracked from the state correctional system through the state mental health system.

Information regarding the frequency of communication with patients and family members in between their appointments, conflict resolution policies and procedures, working relationships between various agencies at various levels of government, and current training about and policies regarding confidentiality and privacy issues is also needed. The group reviewed a slide about gap analysis procedures and the need to research knowledge about available mental health resources and to develop mental health education training for various criminal justice professionals.

A reminder was made about the next adult subcommittee work session scheduled for July 24, 2007 at 1:30 pm. in the Administrative Office of Courts Building.

Questions asked:

When an adult commits a felony, rather than incarceration, how are we diverting them? Those individuals currently are not being diverted. Felony crimes are not eligible for a hearing in a mental health court. Unfortunately, there is no system in place to link recently released inmates with key social services and supports in the community or to follow-up and monitor the inmate's post-release progress.

What is the status of the housing situation for the individuals with SMI with criminal backgrounds? Cessia Sullivan noted that the situation was very dire for that specific population and also commented that there was a six month waiting list for housing subsidized through an interagency supported housing collaboration between the Alabama DMHMR, the Alabama Department of Finance and the Alabama Housing Finance Authority for individuals with mental illness.

The meeting was adjourned at 3:30 p.m.